ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION .	INITIALS	ID NO.	DATE.
FEE DETERMINATION	AAD .		11-8-01
O.L.P.E. CLASSIFIER		.49	11/16/01
FORMALITY REVIEW	CW	1115	12 00 0
RESPONSE FORMALITY REVIEW			1

INDEX OF CLAIMS

•	Rejected	N	Non-elected
=	Allowed	1	Interfarence
_	(Through numeral) Canceled	Α	Appeal
÷	Restricted	0	Ohjected

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Ctalm Date	Claim Cate 😘	Ctaim Oate
Final Original Street	Freal Original	Final Original
	51	101
	52	102
3 /	53	100
	54	104
	5.5	105
	56	106
	57	107
9 4	59	108
	60	103
	61	
	62	112
13	<u>s</u>	1-113
1141	64	
15.	65	115
	66	hie
	67	117
	60	118
	69	119
AP /	70	h20
J-121-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	71 2 2 2 2 2 2 2 2 2 2 2	121
- 	72	122
- 	73	123
	75	124
 	78	125
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		127
	78	
29 117	79	
	80	130
57	81	had
	82	132
	83	133
	84	13
35 68	85 88	135
57	88	136
		137
39 1111	89 1 1 1 1 1	138
40 11 11	90	140
	91	144
	92	h42
	99	1 had 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		-
45		
46	96	546
47	97	har
48	98	h48
48	89	145
50	hod	hsd
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If more than 150 claims or 10 actions staple additional sheet here

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Best Available Copy